DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

454 8/31/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445358	A. BUILDING _____ B. WING _____	07/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEBRIDGE HEALTH CARE CENTER	115 WOODLAWN DRIVE JOHNSON CITY, TN 37604

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F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, observation, and interview, the facility failed to use the correct procedure to obtain aan accurate blood pressure for one resident (#30) of thirty-four residents reviewed. The findings included: Resident #30 was admitted to the facility on January 10, 2013, with diagnoses including Diabetes Mellitus, Dementia, Depressive Disorder, Hypertension, Chronic Ischemic Heart Disease, and History of Falls. Medical record review of a Physician's Recapitulation Order for July 2013, revealed "...Lisinopril (blood pressure medication) Tab (tablet) 5mg (milligrams) 1 tablet PO (by mouth) daily hold for SBP (systolic blood pressure) < (less than) or = (equal) 110..." Review of facility policy titled "Blood Pressure Measurement" last revised September 2008, revealed "...expose arm above the elbow...adjust cuff by placing compression bag...over inner aspect of the arm, well above the elbow...clean stethoscope,..locate brachial artery at the inside bend of the elbow. Antecubital (in front bend of the elbow) space..."	F 281	Disclaimer for Plan of Correction Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Lakebridge Health Care Center of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Lakebridge Health Care Center files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings. F 281 Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nyda Bay — TITLE: Administrator — (X6) DATE: 7/24/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	Continued From page 1 Observation with Licensed Practical Nurse #1 (LPN) on July 16, 2013, at 8:45 a.m., in the resident's room, revealed LPN #1 placed the blood pressure (BP) cuff compression bag on the resident's forearm, below the elbow, placed a stethoscope above the BP cuff on the inside bend of the elbow, inflated the BP cuff, and obtained the resident's blood pressure. Interview with LPN #1 on July 16, 2013, at 9:00 a.m., outside the resident's room, confirmed the LPN placed the BP cuff on the resident's forearm below the elbow. Further interview revealed "I lined the line up on the cuff with the artery, see here" (pointed to the artery line on the cuff) as long as the line lines up with the artery it is okay, that is where it is supposed to be." Interview with the Director of Nursing on July 16, 2013, at 9:15 a.m., in the conference room, confirmed the BP cuff is to be placed on the upper arm above the elbow and the stethoscope is placed below the BP cuff in the antecubital area. Continued interview revealed "...how can you get a good reading if you don't occlude the artery..."	F 281	but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Resident #30's blood pressure was accurately obtained on 7/16/2013 by the Director of Nursing and was found to be within normal limits. LPN #1 was counseled by the Director of Nursing immediately on 7/16/13 regarding the correct procedure for obtaining an accurate blood pressure. Identification of Other Residents with Potential to be Affected As facility residents' blood pressure is monitored at the minimum of monthly, current residents have the potential to be affected by this practice. In-service education for certified and licensed staff regarding the correct procedure for obtaining an accurate blood pressure was held on 7/18/13 by the Director of Nursing, with 100% of licensed and certified staff to be in-serviced by 7/26/13. Systematic Changes With current licensed and certified staff educated, the correct procedure for obtaining an accurate blood pressure	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		

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F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		

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F 309	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for two residents (#57, #11) of thirty-four residents reviewed. The findings included: Resident #57 was admitted to the facility on March 27, 2013, with diagnoses including Congestive Heart Failure, Hypertension, Chronic Kidney Disease, and Diabetes. Medical record review of the Physician's Recapitulation Orders dated March 27-31, 2013, April 1-30, 2013, May 1-31, 2013, and June 1-30, 2013, revealed "...Metoprol (metoprolol))...100mg (milligrams) 1 tablet po (by mouth) twice daily (Hold for SBP (systolic blood pressure) (less than) 100 or HR (heart rate) (less than) 55)..." Medical record review of the Medication Record dated March 27-31, 2013, April 1-30, 2013, May 1-31, 2013, June 1-30, 2013, revealed "...Metoprol...100mg 1 tablet po twice daily (Hold for SBP (less than) 100 or HR (less than) 55)..." Medical record review revealed no documentation the blood pressure or heart rate had been obtained prior to the administration of the Metoprolol from March 2013, through June 2013. Observation on July 17, 2013, at 9:30 a.m. in the resident's room,revealed the resident lying on the bed.	F 309	**F 309** Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Resident #57's blood pressure and pulse were obtained by the Director of Nursing on 7/17/13 and were found to be within normal limits. Labs were drawn on Resident #11 on 7/17/13 and Vitamin B-12 level was within normal limits. Physician discontinued the Vitamin B-12 injections on 7/17/13. Identification of Other Residents with Potential to be Affected Residents receiving scheduled medications, as well as residents receiving medications with ordered parameters/instructions for administration, have the potential to be affected by this practice. MARs for residents receiving these medications were reviewed on 7/18/13	

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F 309	Continued From page 3 Interview on July 17, 2013, at 8:50 a.m., with the Director of Nursing (DON), in the conference room, confirmed the physician's orders had not been followed. Resident #11 was admitted to the facility on May 29, 2013, for diagnoses including Hypertension, Dysphagia, Hypothyroidism, Osteopenia, Depression, Spinal Stenosis, Coronary Artery Disease, Cerebrovascular Accident, and Restless Leg Syndrome. Medical record review of a Physician's Recapitulation Order for June 2013, revealed "...Vitamin B-12 Tab (tablet) 1000 mcg (micrograms) I tablet PO (by mouth) daily..." Medical record review of a Physician's Recapitulation Order for July 2013, revealed "...Vitamin B-12 Tab (tablet) 1000 mcg (micrograms) I tablet PO (by mouth) daily..." Medical record review of a Medication Administration Record (MAR) for June 2013, revealed the box indicating the administration of Vitamin B-12 was blank from June 1, 2013 through June 30, 2013. Medical record review of a MAR for July 2013, revealed the box indicating the administration of Vitamin B-12 was blank from July 1, 2013, through July 16, 2013. Interview with the Director of Nursing on July 17, 2013, at 7:35 a.m., in the conference room, confirmed the administration box on the MAR was blank indicating the resident had not	F 309	by the Director of Nursing and Assistant Director of Nursing, to ensure Physician's Orders are being followed. Education of licensed nursing staff regarding following Physician's Orders during medication administration was conducted on 7/18/13 by the Director of Nursing with 100% of licensed staff to be educated by 7/26/13. Systematic Changes As with current staff, newly-hired licensed staff will be educated by the Director of Nursing while in their orientation period regarding following Physician's Orders during medication administration. Monthly MARs will be audited for three months by the Director of Nursing and Assistant Director of Nursing to ensure Physician's Orders are being followed during medication administration. Monitoring Findings of the MARs audits will be presented monthly by the Director of Nursing to the Performance Improvement Committee for review and	

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F 309	Continued From page 4 received the Vitamin B-12 for the months of June and July, "...it was an oversight on our part..."	F 309	recommendations. If consistent compliance has been met for three months, an audit will be conducted quarterly or as the Performance Improvement Committee recommends. The Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Consultant Pharmacist, MDS and Assessment Nurse, Housekeeping Supervisor, Maintenance Director, and Social Services Director.	7/26/13
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to obtain a physician's order for a urinary catheter and failed to provide medical justification for the use of a urinary catheter for one resident (#154) of thirty-four residents reviewed. The findings included: Resident #154 was admitted to the facility on April 19, 2013, with diagnoses including Diabetes, Acute Renal Failure, and Urinary Tract Infection. The resident was discharged home on June 11, 2013. Medical record review of the Admission Minimum Data Set dated April 25, 2013, revealed the resident had an indwelling catheter.	F 315	**F 315** Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Resident #154 was discharged home on 6/11/13 with Home Health Services. Home Health is currently handling the care of this resident's catheter.	

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F 315	Continued From page 5 Medical record review of the Bowel and Bladder evaluation dated April 19, 2013, revealed the resident had a urinary catheter, had a history of urinary disorders and kidney disease. Medical record review of the interim Care Plan dated April 19, 2013, revealed the resident had a urinary catheter. Medical record review of a Physician's Order dated April 22, 2013, revealed "...change foley (urinary) cath (catheter) q (every) month..." Medical record review revealed no medical justification for the use of the urinary catheter. Interview on July 17, 2013, at 11:00 a.m., with the Director of Nursing (DON), in the DON's office, confirmed there was no physician's order for the use of the foley catheter on admission.	F 315	Identification of Other Residents with Potential to be Affected Current residents utilizing an indwelling catheter have the potential to be affected by this practice. Medical records for residents currently utilizing a catheter were reviewed on 7/18/13 by the Director of Nursing and Assistant Director of Nursing to ensure the presence of a Physician's Order and diagnosis to justify the catheter use. In-service was held on 7/19/13 by the Assistant Director of Nursing to educate licensed staff regarding the need of a Physician's Order and a justifiable diagnosis for the use of indwelling catheters. 100% of licensed staff will be educated by the Director of Nursing by 7/26/13. Systematic Changes As with current licensed staff, newly-hired licensed staff will be educated by the Director of Nursing during their orientation period regarding the need for a Physician's Order and a justifiable diagnosis for the use of catheters. For three months, a monthly audit is to be	

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